

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

See reverse side for Instructions.
Please type or print clearly. Press Hard.

GENERATOR (Generator Must Complete)

(2) Name	D. Dennis Alexander		
EPA NO.	0111111111111111		
Address	1344 1/2 13th Street		
City, State, Zip	Sacramento, CA 95814		
(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME
WASTE	1111111111111111	1111111111111111	1111111111111111
WASTE	1111111111111111	1111111111111111	1111111111111111

WASTE CATEGORY

LIST COMPONENTS:

- (9) A. *Mineral Acid* CONC. % ppm. E. % ppm.

- B. *Mineral Acid* CONC. % ppm. F. % ppm.

- C. *Mineral Acid* CONC. % ppm. G. % ppm.

- D. *Mineral Acid* CONC. % ppm. H. % ppm.

- (10) WASTE PROPERTIES: pH CONC. % ppm. I. Non Hazardous Material %

- Toxic □ Flammable □ Corrosive/Lessertant □ Reactive □ Sensitizer

- Physical State: □ Solid □ Liquid □ Sludge □ Slurry □ Gas □ Other

- SPECIAL HANDLING INSTRUCTIONS: □ Gloves □ Goggles □ Respirator □ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME	OIL PROCESS CO.	TRUCK NO.	TLR. NO.	(15) PICK-UP DATE
EPA NO.	CAD050806850			10-26-82
ADDRESS	5756 Alba Street	PHONE NO.	(213) 585-5063	TIME
CITY, STATE, ZIP	Los Angeles, California 90058			AM

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME	QUANTITY (If Measured)			(18) QUANTITY (If Measured)	(19) STATE FEE (If Any)	(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:
EPA NO.						IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
(22) NAME						NAME
EPA NO.						EPA NO.
(21) HANDLING OR DISPOSAL METHOD:						
<input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer						
(23) Signature of Authorized Agent and Title						
Date Accepted						
GENERATOR						

INSTRUCTIONS

COMPLETING MANIFESTS

Type. Print clearly. Illegible or incomplete manifests will be returned to you by the State.

GE ATOS:

ITEM ① Before filling out the manifest, a unique manifest serial number shall be written or printed on the manifest. (Refer to TRANSPORTER item No. 1 below)

ITEMS ② ③ ④ Provide the complete names, EPA I.D. numbers, addresses and telephone numbers of the generator and designated TSD Facilities.

ITEM ⑤ Provide all U.S. DOT required information. Refer to 49 CFR 172 for assistance. If not applicable write "none" in Item 5.

ITEM ⑥ Provide the most applicable industrial waste category number from the following list. In cases where a waste could be described by more than one category, select the most specific. (Example: If you generate a waste acid plating solution containing dissolved metal, select the category "Plating solution, acid" rather than "Acid solution" or "Heavy metal solution." If none of the listed categories adequately describe your waste, write the waste's category in Item 6.)

- 1. Acid sludge
- 2. Acid solution
- 3. Acidic ash
- 4. Alkaline sludge
- 5. Alkaline solution
- 6. Alkaline solids
- 7. Alarm sludge
- 8. API separator sludge
- 9. Asbestos solids
- 10. Asbestos sludge
- 11. Ashes
- 12. ASD filter cake
- 13. Baghouse waste
- 14. Bleach water
- 15. Blasting sand
- 16. Capacitors, PCB
- 17. Catalyst
- 18. Chemicals, unused
- 19. Containers, empty
- 20. Contaminated equipment
- 21. Contaminated soil
- 22. Cyanides
- 23. Detergent
- 24. Distillation bottoms
- 25. Drilling mud
- 26. Drugs
- 27. ECG waste
- 28. Filter cake
- 29. Filters, spent
- 30. Flux
- 31. Fly ash
- 32. Gasoline and water
- 33. Glaze sludge
- 34. Glue
- 35. Hair-pulp
- 36. Heavy metal solution
- 37. Heavy metal sludge
- 38. Ink and solvent
- 39. Ink sludge
- 40. Ink waste water
- 41. Laboratory chemicals
- 42. Lime sludge
- 43. Machine tool coolant
- 44. Machining waste
- 45. Metal dust
- 46. Oil
- 47. Oil sludge
- 48. Oil and water
- 49. Paint sludge
- 50. Pesticide containers
- 51. Pesticide rinses, water
- 52. Phenolic waste
- 53. Photoprocessing waste
- 54. Plating sludge
- 55. Plating solution, acid
- 56. Polychlorinated biphenyls
- 57. Plating solution, alkaline
- 58. Polychlorinated biphenyls
- 59. Resin waste
- 60. Scrubber sludge
- 61. Scrubber solution
- 62. Soap
- 63. Solvent, chlorinated
- 64. Solvent, hydrocarbon
- 65. Solvent, oxygenated
- 66. Solvent, mixed
- 67. Spill cleanup residue
- 68. Strength solution
- 69. Sulfide sludge
- 70. Slump or lagoon sediment
- 71. Tank bottom sediment
- 72. Tanning sludge
- 73. Terrathiol lead sludge
- 74. Transformers, PCB
- 75. Waste water treatment sludge

If waste not listed above, specify in Item 6 on manifest.

ITEM ⑦ If the waste is extremely hazardous, provide the State extremely hazardous permit number.

ITEM ⑧ Indicate the process, activity, or operation which generated the waste (Examples: aircraft cleaning, insulation, stripping, reactor cleaning, DDT production, alkylation, printed circuit board etching).

ITEM ⑨ INFORMATION MUST BE PROVIDED IN THIS ITEM 9. DO NOT LEAVE BLANK. Identify the major hazardous constituents in the waste along with probable upper and lower concentrations. (Examples: hydrochloric acid, lead oxide, phenol, PCB, cyanide, DDT, sodium hydroxide). Provide the approximate concentration of nonhazardous material.

ITEMS ⑩ ⑪ Check the appropriate boxes to show the hazardous properties and physical state of the waste. If a waste has more than one hazardous property (e.g., toxic and corrosive) check all appropriate properties (e.g., toxic and corrosive boxes). If the waste is an aqueous liquid, the pH must be reported in Item 11.

ITEM ⑫ Indicate by checking the appropriate boxes whether gloves, goggles, or respirators should be worn by persons handling the waste. Any special equipment, precautions or hazards should also be noted (Example: Suitable solution will generate toxic gas if mixed with acids).

ITEM ⑬ Sign the manifest and provide your title and the date that the waste was removed from your facility. The person signing Item 13 shall be knowledgeable about the chemical and physical properties of the waste and shall be authorized by the management of the generating establishment to sign the manifest. IT IS UNLAWFUL FOR A TRANSPORTER WHO IS NOT THE GENERATOR TO SIGN ITEM 13.

TRANSPORTER:

ITEM ⑭ Provide the serial number of the manifest. The first three digits shall be your State hazardous waste hauler number. The next three digits may be any convenient combination of digits legal sequential or chronological. For example, if your registration number is 899, the number of your one thousandth load would be 899-001000. The complete nine digit manifest number shall be unique for any five year period (Example: If you use manifest number 899-001000 on May 31, 1981, it shall not be used on a manifest again before June 1, 1986).

ITEM ⑮ Enter company name, EPA I.D. number, address and telephone number.

ITEM ⑯ Indicate the date and exact time the waste was removed from the generator's facility.

ITEM ⑰ Sign the manifest upon receipt of the shipment and indicate the date signed. The driver shall carry this manifest in a location prescribed.

TSD FACILITY OPERATOR:

ITEM ⑲ Provide the TSD facility name and EPA I.D. number.

ITEM ⑳ If the quantity of waste is measured or estimated at the TSD facility (e.g., weighed), indicate the quantity.

ITEM ㉑ If the waste is applied to the land (e.g., surface impoundment, landfill, injection well, or land treatment area), the State hazardous waste fee must be sent to DOHS. Indicate the fee in Item 19.

ITEM ㉒ Write in any discrepancies noted between the manifest information provided by the generator or transporter and that found when the shipment was delivered to the facility. (Examples: differences in quantity or character of waste, container type, or vehicle type). Some significant discrepancies are described in 40 CFR 264.72.

ITEM ㉓ Check the boxes to indicate the method(s) used to handle or dispose of the waste at the hazardous waste facility. If the waste is treated prior to, or instead of, land disposal write in the treatment method (Examples: neutralization, incineration, oxidation).

ITEM ㉔ If the waste is held at the TSD facility prior to eventual shipment to another facility for treatment, storage, or disposal, provide the name of the designated final TSD facility, the final TSD facility shall send copy number 1 of each master manifest to DOHS with copies of all original manifests STAPLED to it.

Transfer facilities shall send only one set of copies to DOHS to satisfy the manifest submission requirements for generators and TSD facility operators. Transfer facilities shall fill out a new master manifest indicating your facility as the generator of the waste and describing all the wastes in the shipment. Completed copies of all original manifests associated with the original waste shipments accepted by you shall be attached to the master manifests.

ITEM ㉕ Sign the manifest, provide your title within the organization and indicate the date that the shipment was accepted at your facility.

ITEM ㉖ The facility operator shall send a copy of the completed manifest to the DOHS, on a monthly basis, or as otherwise required. If wastes are received from transfer facilities, the final TSD facility shall send copy number 1 of each master manifest to DOHS with copies of all original manifests STAPLED to it.

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TO INSURE LEGIBLE COPIES USE ONLY BLACK CARBON INSERTS OR BLACK PRINT CARBONLESS TRANSFER PAPER.

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